

Chaperone Participation Agreement

TRIP INFORMATION

Troop # _____ Service Unit _____ Leader's Name _____

Chaperone's Name _____ Phone # _____

Address: _____
Street City State Zip

Activity: _____

Dates/Times: Leaving _____ Returning _____

CHAPERONE RESPONSIBILITIES

As a chaperone, I agree to fulfill the following responsibilities:

1. Respect for the health and safety of the girls.
2. Supervise a group of girls assigned to me.
3. Monitor girls by performing frequent attendance and nightly bed checks.
4. Drive or provide transportation _____ via personal car _____ leased vehicle
_____ for girls _____ equipment
_____ other adults _____ emergencies
5. Handle money for girls' activities.
6. Monitor girls' behavior.
7. Remember to always display behavior proper of a leader / adult in front of the girls (i.e. NOT undressing, smoking, drinking alcohol, using inappropriate language, etc.)

FINANCIAL RESPONSIBILITIES

Expenses to be paid by the chaperone:

Expenses to be paid by the troop/group:

SIGNATURES

Chaperone Signature _____

Date _____

Troop/Group Leader Signature _____

Date _____